



(TYPE OR PRINT IN INK)

WELL IDENTIFICATION

PERMIT NUMBER _____

OPERATOR _____

FARM NAME _____ WELL NO. _____

COUNTY _____

FNL _____ FEL _____
FSL _____ FWL _____ SEC _____ LTR _____ NO _____

WATER ENCOUNTERED

TYPE _____ (FRESH, SALT, SULPHUR) FROM _____ TO _____

COMMENTS _____

GEOPHYSICAL LOGS RUN

(AS REQUIRED BY KRS 353.550(2))

(ELECTRICAL, INDUCTION, SONIC, GAMMA RAY, NEUTRON, DENSITY, ETC.)

TYPE _____ FROM _____ TO _____

TOTAL DEPTH _____

CASING DATA

OUTSIDE DIAMETER	HOLE DIAMETER	DEPTH	CEMENT NO. SKS	PULLED YES/NO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CEMENT YIELD IN CUBIC FEET/SACK = _____

COMMENTS _____

COMPLETION SERVICES

PERFORATIONS OR OPEN HOLE (PLEASE INDICATE BY CIRCLING)

FORMATION _____ INTERVAL _____

FORMATION _____ INTERVAL _____

WELL TREATMENT

TYPE TREATMENT _____

ACID AMOUNT _____ BBLS _____ B
2ND STAGE

TOTAL FLUID _____ BBLS _____ BBL
2ND STAGE

TOTAL NITROGEN _____ SC

TOTAL SAND _____ LB

ADDITIONAL CEMENTING

SQUEEZE CEMENT _____ SKS _____ T

INTERVAL _____

PLUG BACK _____ SKS _____ TO

INTERVAL _____

TEST VOLUMES

OIL: NATURAL _____ B/D _____ DAT

AGAINST BACKPRESSURE OF _____ P

SHUT-IN PRESSURE _____ AFTER _____ HOUR

AFTER TREATMENT _____ MCF _____ DAT

AGAINST BACKPRESSURE OF _____ PS

SHUT-IN PRESSURE _____ AFTER _____ HOUR

LIST DST'S, CORES, FILL-UP TESTS AND OTHER SPECIALIZED TESTS

FORMATION NAME _____ INTERVAL _____

SIGNATURE OF OPERATOR _____

TITLE _____

DATE _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 2002

MY COMMISSION EXPIRES: _____,

NOTARY PUBLIC

OFFICE USE ONLY

Permit Number _____
Report of Investigation
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CTRL NUMBER _____
OPERATOR NUMBER: _____
BOND NUMBER: _____

I REQUEST THIS WELL TO BE TRANSFERRED TO OUR BOND YES ☐ NO ☐
(IF YES, PLEASE SIGN BELOW)

ATTEST: I, THE UNDERSIGNED, SUCCESSOR TO THE WELL LISTED ON THE REVERSE OF THIS DOCUMENT, REQUEST THE DIVISION OF OIL AND GAS, DEPARTMENT OF MINES AND MINERALS TO TRANSFER AND PLACE THIS WELL UNDER MY BOND. THEREBY, I AM ASSUMING COMPLETE RESPONSIBILITY FOR IT UNDER KRS CHAPTER 353 AND THE RULES AND REGULATIONS PROMULGATED THEREUNDER.

SIGNATURE OF OPERATOR

DATE